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			ĺ							(Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVEN		ror		ATTORNI	DRNEY DOCKET NO. CONFIRM			ATION NO.	
10/597,888	10/597,888 08/10/2006		Jennifer Owen		CHP		IRY0101PUSA		7-	7450	
TITLE OF INVENTION:	BREAST FEEDING C	OVER									
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DI	UE	PREV. PAID ISSUE	D ISSUE FEE T		TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	YES	\$755	\$300		\$0	\$10		055	017	08/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS								
VANATTA, AMY B		3765	002-104000								
1. Change of corresponder CFR 1.363).	nce address or indication	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys 1Brooks Kushman P.C									
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,								
"Fee Address" indi	registered attorney or agent) and the names of up to										
PTO/SB/47; Rev 03-02 Number is required.											
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or	r type	·)	<del></del>					
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(A) NAME OF ASSIG	•	(B) RESIDENCE: (CITY and STATE OR COUNTRY)									
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Please check the appropria	ite assignee category or	categories (will not be pr	rinted on the patent) :		ndividual 🗆 Co	rporation o	or other p	orivate gro	up entity	Government	
4a. The following fee(s) as	re submitted:	4h	o. Payment of Fee(s): (F	Please	e first reapply an	v previou	slv paid	issue fee s	hown abov	e)	
Issue Fee			A check is enclosed.							,	
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Typed or printed name	John E. N	lemazi			Registration No	30,	876	····	·		
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